

MILWAUKEE COUNTY REVOLVING LOAN APPLICATION FOR SERVICE FIRM

A. **GENERAL INFORMATION**

1.I (Business)	Name			Federal	ID	No		Telephone	No
2.	Address				Cit	у		State _	Zip Code	
3.	Contact perso	n		R	esidence addres	s				
	City		St	ate	Zip Code	Resid	ence Telephor	ne No. ()		_
4.	Number of year	ars in the contract	ing business?		_					
5.	Type of Busin	ess Structure: _	Sole Proprietorship) Pa	rtnership	_ Corporation	Other:			
6.	Ownership an	d officers of the fir	m: Identify those who ov	vn 5% or mo	ore of the firm's s	hares and/or a	re an officer of	f the firm.		
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				_						
			e, sex and title in the firm limited to those with prim		-	owners and no		no are responsible	for day-to-day managemer	nt and policy
			<u>Name</u>			<u>Title</u>		Experience		
	Financial De	cisions:								

Management Decision	ns:							
Estimating:						-		
Marketing & Sales: _								
Purchasing:								
Field Management: _						-		
Hiring and Firing: _						·		
List the firm's principals	or key employe	ees with experien	nce in se	rvices provide	d by the firm, such as proj	ject managers, estimators	s, superintendents.	
	Present	Years of		Тур	e & size of work	List two		
<u>Name</u>	Position	Experience	<u>Age</u>	Education	Handled & position	<u>Employers</u>		
								
								
9. In what class(es) of ser	vices do vou sp	ecialize?						
7. III What oldoo(00) of 001	vices do yeu op	ooiaii20.						
10 Description of firm's m	naior canital ass	ets including lan	d buildir	nas mainreau	inment vehicles office e	equipment, furniture and fix	vtures etc	
io. Description of films if	iajoi capitai ass	ets, including lan	ia, ballali	ngs, major equ	ilpitterit, verilcies, office et	equipment, furniture and in	Riules etc.	
								
				B W	ORK PROGRAM			
				D. <u>vv</u>	OKK FROGRAM			
11. Give a list of the six mo	oct important co	ntracte vou bavo	complet	tod during the	nact 5 years			
i i. Give a list Of the SIX III	ost important CO	miacis you nave	comple	ieu uuririg irie	pasi o years.			
				Nature of		Approximate	Voor	
Firm/Organi-a	tion				•	Approximate	Year	
<u>Firm/Organiza</u>	แบก			<u>Service</u>	<u>s</u>	Contract Price	Completed	

12. Give information below (or in a separate s	schedule) about all contract work under way,or for v	hich contractor is committed?	
Nature of A <u>Firm/Organization</u>	pproximate Year <u>Services</u>	Contract Price	Completed
13. Gross sales (last three years): 20\$, 20\$		
14. What is the greatest amount, in dollars, or	f work on hand that you have ever had at one time?		
15. What size contracts do you think your firm	n is best qualified to handle?		
16. How many at once?			
17. What insurance companies have provided	d insurance coverage for your firm, kind of coverage	e, and in what amounts?	
Type of Coverage	Insurance Company	Amount	Overall Limit

C. CREDIT INFORMATION

18. At what bank(s) have you established lines of credit or availed of term loans?

Bank Name	Address	Loan Officer	Max. Line/ Term Loar		Security Offered
				-	
					
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19. Information regarding any and a	all existing liens, including any	tax liens, both for the business	and any of the owners	:	
20. List names of principal suppliers	s.				
Name	<u>Address</u>	Co	ntact Person	Telephone No.	
21. Description of any pending laws	uits or judgments against the	firm or any of the owners:			
	-				
22. Description of any contingent lia	bilities of the firm as guaranto	or, endorser or co-maker			
		D. <u>LOAN INFORMAT</u>	ION		
23. Amount of loan requested. \$		7			
23. Απουπί οι ισαπτέφμεδιεά. Φ		I @IIII			

24. Specify the county project or contract involved:		
25. State purpose for which the loan is requested. Describe intended use of the funds (processes)	,	
26. Collateral being offered as security for the loan (in addition to the County contract)? _		
AFFIDAVIT: The undersigned certifies that the foregoing statements made as part of the control o	of the loan application are true and correct.	
Signature of Authorized Applicant's Representative Print or Type Name of Authorize	d Applicant's Representative Date	
NOTARIZATION: State of Wisconsin, County of Milwaukee. On this the	day of	, 20, before
me appeared (Name)	that he/she was properly authorize	
to execute this Affidavit and c	did so as his or her free act and deed.	
(SEAL) Notary Public		Rev. 02/16
My Commission Expires		Nev. UZ/ 10